

In order to expedite the process of your Certificate of Use, Local Business Tax Receipt, and Resort Tax Applications, please submit the following documentation where applicable. ALL applications must be received by September 30th and are renewed annually.

What you will need:

- ☐ Certificate of Use Application
 - \$10 Application fee
 - Actual Certificate fee of \$80 (only on new certificates)
 - Renewal fee of \$35
- ☐ Local Business Tax Receipt Application
 - \$25 Application Fee
 - License fee to be determined after processing
- ☐ Resort Tax Application (HOTELS/RESTAURANTS/APARTMENTS)
 - \$100 Application Fee
- ☐ Copy of State of Florida Professional Business License
www.myflorida.com/dbpr
- ☐ Copy of Miami Dade County Local Business Tax Receipt
www.miamidade.gov/taxcollector
- ☐ Copy Corporation/Limited Liability Company/ Partnership Documents
www.sunbiz.org
- ☐ Copy of Fictitious Name Registration
1-850-245-6058
- ☐ Copy of Miami-Dade Fire Rescue Dept. Annual Operating Permit
786-331-4800
- ☐ Copy of Grease Discharge annual Operating Permit
www.miamidade.gov/derm
- ☐ Copy of State of Florida Alcoholic Beverages & Tobacco License
www.myfloridalicense.com
- ☐ Copy of State of Florida Hotel & Restaurant License
www.myfloridalicense.com
- ☐ Copy of Annual Food permit
1-850-245-5520
- ☐ Sketch of the property with Square Footage and Dimensions

ALL Business' located in the Town of Surfside require a Certificate of Use and Local Business Tax Receipt.

Please only submit applications and documents that are applicable to your Business.

Please be advised that all documents need to be submitted annually with renewal applications.

Applications will not be accepted if **INCOMPLETE**.

Payments will be accepted in the form of CASH or CHECK **ONLY**.

Failure to comply with Certificate of Use, Local Business Tax, and Resort Tax Ordinances will result in Fines, Penalties, and Revocation of Licenses.



CERTIFICATE OF USE & LOCAL BUSINESS TAX RECEIPT APPLICATION

LICENSE YEAR OCTOBER 1, ____ to SEPTEMBER 30, ____

____ NEW BUSINESS ____ RENEWAL BUSINESS ____ CHANGE OF USE ____ BUSINESS CHANGES

Applicant Name/Relationship to Business: _____ Applicant Address: _____

Name of Business: _____ Doing Business As: _____

Business Address: _____ City: _____ State: ____ Zip: _____

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

Business Owner Name: _____ Date of Business Commencement: ____/____/____

Business Owner Address: _____ City: _____ State: ____ Zip: _____

Federal Employer Identification Number: _____

State and/or Federal License Numbers: _____ & _____

Type of business: _____ Commercial ____ Residential ____

Name of Corporation/ Partnership: _____ State of Incorporation: ____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Emergency Contact Address: _____ City: _____ State: ____ Zip: _____

Is this an Entity required to pay Resort Tax? (HOTEL/APARTMENT/RESTAURANT): Yes ____ No ____

____ Rooms ____ Food & Beverage ____ Short Term Rentals

Is this an Entity requesting a sidewalk café? Yes ____ No ____ Square Footage: _____ (approx.)

FOR OFFICIAL USE ONLY

Payment type: _____ Check # _____ Amount \$: _____ Total Fees \$: _____

PARCEL INFORMATION

Folio Number: _____ Legal Description: _____

Prior Use: _____ Proposed Use: _____

Comments: _____

Business Description:

____ **Agent/Agency**

(Real Estate, Insurance, Talent, Travel, Etc.)

Number of Agents _____

Number of Brokers _____

Number of Salespeople _____

Number of Adjusters _____

Number of Other Personnel _____

____ **Physician*****

(Dentist or Doctors)

Number of Physicians _____

Number of Nurses _____

Number of Other Personnel _____

____ **Salon/ Spa**

Number of Stylists _____

Number of Estheticians _____

Number of Manicurists _____

Number of Therapists _____

Number of Other Personnel _____

____ **Financial Institution**

Number of Teller Machines _____

Number of Employees _____

Number of Other Personnel _____

____ **Stock Broker*****

Full Service Office Discount _____

Number of Brokers _____

Number of Salespeople _____

Number of Other Personnel _____

____ **Jewelry Value of Inventory** _____

____ **Food Value of Inventory** _____

____ **Retail Value of Inventory** _____

____ **Coin Operated Machines**

Master Laundry License Number _____

Number of Laundry Equipment _____

Number of Laundry Dispensing Equipment _____

Number of Other (describe) _____

____ **Card/ Coin Operated Telephone**

Number Inside _____ Number Outside _____

____ **Amusement Machines**

Number of Machines _____

____ **Merchandise Dispensing Machines**

Number of Machines _____

____ **Restaurant, Soda Fountain, Deli****

or Establishment Serving Food on premises

Number of Seats _____ Number of Employees _____

* Beer or Wine for consumption Yes _____ No _____

On Premises _____ Off Premises _____

____ **Takeout Food****

Operated Separately _____

Operated with other License _____

____ **Apartment/ Short Term Rental***

Number of Units _____ ** Number of Rooms _____ **

Hotel or Suite Hotel*

Number of Units _____ ** Number of Rooms _____ **

____ **Home Office**

Type _____

Number of Employees _____

Complete Home Based Business Affidavit Attached

***Smoke detector Report required, **Resort Tax Filing Required, ***Please Submit Copies of License with Application**

Business, Professions or Occupations not specifically listed above, must be described in detail. Include the nature of the business to be conducted in the town for proper Classification and assessment of fees:

THE UNDERSIGNED HAS CAREFULLY REVIEWED THIS APPLICATION AND ALL INFORMATION CONTAINED HEREIN HAS BEEN FREELY AND VOLUNTARILY PROVIDED. ALL FACTS, FIGURES, STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name

Title

Signature

____/____/____
Date



TOWN of SURFSIDE
9293 Harding Avenue
Surfside, Florida 33154

AFFIDAVIT OF HOME BASED BUSINESS

Home Based Business Address: _____

Business Type: _____

Before me, the undersigned authority, _____ personally appeared,
Owner Name

who after being duly sworn, deposes and says: I have not altered or remodeled my
home to accommodate my business within the past year.

Owner Signature

Sworn to and subscribed before me this date of __/__/20__ by _____ who is
personally known to me or who has produced _____ as identification.

Notary Public, State of Florida

My commission expires: __/__/__

Notary Name: Typed, Stamped or Printed
State of Florida
County of Miami - Dade



Annual Resort Tax Application

Ordinance # 11-1574

As a prerequisite to filing for a Resort Tax Certificate, you must first obtain a Certificate of Use and a Local Business Tax Receipt from the Town of Surfside.

All businesses required to pay resort tax shall first register and obtain the Resort Tax Registration Certificate to be renewed annually. Please complete this Resort Tax Application and submit along with the annual \$100 registration fee made payable to the Town of Surfside. Once you have submitted this application, you will receive the Resort Tax Reports which are required to be filed monthly along with your State Revenue sales tax report as back up.

Certificate of Use Number: _____

Local Business Tax Receipt Number: _____

Type of Business _____

- ☐ Existing Business
- ☐ New Business Date of Commencement of Business: ____/____/____

Type of Resort Tax Collected (Check All that Apply)

- ☐ Rooms _____ 4% Bed/Room Tax
- ☐ Food and Beverage _____ 2% Food/Beverage Tax
- ☐ Short Term Rental

Date of Application: ____/____/____

Resort Tax Certificate Number: _____

Business Name: _____ Doing Business As: _____

Business Address: _____ City: _____ State: ____ Zip: _____

Business Phone Number: _____ Other Number: _____

Business E-Mail Address: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Owner/ Operator Name: _____ E-Mail: _____

Owner/ Operator Signature _____